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HARTMAN AND HARTMAN, P.C.
INTELLECTUAL PROPERTY ATTORNEYS
552 EAST 700 NORTH
VALPARAISO, INDIANA 46383

GARY M. HARTMAN
DOMENICA N.S. HARTMAN*

* Also Admitted to Practice in Michigan

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TEL:(219)462-4999
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August 9, 2005

AUG 09 2005

To: Assistant Commissioner for Patents FAX # (571) 273-8300
Washington, D.C. 20231

Attention: Office of Petitions

Re: PETITION TO CORRECT INVENTORSHIP UNDER 37 CFR § 1.48

The following is a 7 - page Petition to Correct Inventorship in the below-identified U.S. Patent Application.

Application No.	:	10/707,308	Confirmation No. 1307
Applicant	:	Swami Ganesh et al.	
Filed:	:	December 4, 2003	
TC/Art Unit:	:	3745	
Examiner	:	Ninh H. Nguyen	
Docket No.	:	138007	

Submitted by:
Domenica N.S. Hartman
Reg. No. 32,701

I hereby certify that this document is being facsimile transmitted to the Patent and Trademark Office at the number below, on the date below:
571-273-8300 08/09/05
Fax # *Mary A. Harris* Date

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AUG 09 2005

PATENT
Docket No. 138007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Swami Ganesh, et al.

Group Art Unit 3745

Serial No. 10/707,308

Examiner Ninh H. Nguyen

Filed December 4, 2003

MULTIPLE ALLOY ROTOR

PETITION TO CORRECT INVENTORSHIP UNDER 37 CFR § 1.48

Commissioner of Patents and Trademarks
Washington, D.C. 20231

This is a Request under 37 CFR § 1.48 to correct the inventorship of this US patent application S/N 10/707,308, filed 12/04/03. The correct inventorship is:

Swami Ganesh
Robin Carl Schwant
Peter William Schilke
Ling Yang
John Zhiqiang Wang
Robert V. Falsetti
Francis Alexander Reed

The three inventors, Peter William Schilke, Robert V. Falsetti and Francis Alexander Reed, were inadvertently omitted from the original Declaration by a clerical error. Such error arose without any deceptive intent on the part of the inventors or their representatives, as indicated by the attached Statements from the three omitted inventors. Mr. Schilke died on April 30, 2005, as evidenced by the attached Certificate of Death. His Statement is signed by his widow, Maggie Schilke, on his behalf. The inventors are all under a common obligation to assign this patent application to General Electric Company. General

Serial No. 10/707,308 -- 2

Electric Company consents to this correction of inventorship. Enclosed is the Substitute Declaration under § 1.63 listing the correct inventorship.

Please charge the Processing Fee under 1.17(i) to Deposit Account 08-0960, as well as any other fees associated with this Request for Correction of Inventorship.

A corrected Filing Receipt is requested. Please contact the undersigned for further assistance. Thank you.

Respectfully submitted,

By Domenica N.S. Hartman
Domenica N.S. Hartman
Reg. No. 32,701

August 9, 2005
Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
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Filed December 4, 2003

MULTIPLE ALLOY ROTOR

STATEMENT

The Assignee, General Electric Company, consents to the correction of the named inventors in the above-identified U.S. patent application. The correct inventorship is:

Swami Ganesh
Robin Carl Schwant
Ling Yang
John Zhiqiang Wang
Peter William Schilke
Robert V. Falsetti
Francis Alexander Reed

Thank you.

Sincerely,

By: E.G. Cusick

Date: June 29 2005

Print
Name: ERNEST G Cusick

for General Electric Company

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Examiner Ninh H. Nguyen

Filed December 4, 2003

MULTIPLE ALLOY ROTOR

STATEMENT

I believe that the omission of my name, Peter William Schilke, as an inventor of U.S. patent application S/N 10/707,308, occurred without deceptive intent on my part.

Sincerely,


Peter William Schilke

Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
TEL.: (219) 462-4999
FAX: (219) 464-1166

(INSTRUCTIONS ON REVERSE SIDE)



The Commonwealth of Massachusetts
STANDARD CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

70

REGISTERED NUMBER

STATE USE ONLY

 FOR USE BY
PHYSICIANS AND
MEDICAL EXAMINERS
STATE USE
ONLY

4c Hospital	DECEASED - NAME Peter Schilke	FIRST LAST	MIDDLE SEX	DATE OF DEATH (Mo., Day, Yr.) April 30, 2005
5 Type	PLACE OF DEATH (City/Town): Brewster	COUNTY OF DEATH Barnstable	HOSPITAL OR OTHER INSTITUTION - Name if not in either, give street and number 29 Cranview Road	
6 Age	PLACE OF DEATH (Check only one): HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) 6	SOCIAL SECURITY NUMBER 043-36-3538	IF US WAR VETERAN SPECIFY WAR 7	
7 Residence	WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Puerto Rican, Dominican, Cuban, etc.) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES 8a Specify: AGE - Last Birthday (Yrs.) 59	RACE (e.g. White, Black, American Indian, etc.) (Specify) White	DECEDENT'S EDUCATION (Highest Grade Completed) Elementary School (0-12) <input type="checkbox"/> College (1-4, 5+) 5+	
8 Race	UNDER 1 YEAR MOS. 10	UNDER 1 DAY HOURS 100	DATE OF BIRTH (Mo., Day, Yr.) April 19, 1946	BIRTHPLACE (City and State or Foreign Country) Middletown, CT
9a Age	MARRIED, NEVER MARRIED WIDOWED OR DIVORCED Married	LAST SPOUSE (if wife, give maiden name) Margaret Lindsay	USUAL OCCUPATION (Prior to death) General Manager	KIND OF BUSINESS OR INDUSTRY Manufacturing
10 Resid	RESIDENCE - NO. & ST., CITY/TOWN, COUNTY, STATE/COUNTRY 29 Cranview Rd., Brewster, Barnstable, MA	STATE OF BIRTH (if not in U.S. name country) CT	MOTHER - NAME (GIVEN) (MAIDEN) Ruth Ney	STATE OF BIRTH (if not in the US name country) CT
11 Out-State	INFORMANT - NAME Margaret Schilke	MAILING ADDRESS - NO. & ST., CITY/TOWN, STATE, ZIP CODE 29 Cranview Rd., Brewster, MA 02631	RELATIONSHIP Wife	
12 Disp	23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> ENTOMBMENT <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER SPEC. Duxbury Crematory	FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Kevin J. Morris	LICENSE # 7225	
13 Work	PLACE OF DISPOSITION (Name of Cemetery, Crematory or other) Duxbury Crematory	LOCATION (City/Town, State) Duxbury, MA		
14 Work	DATE OF DISPOSITION (Mo., Day, Yr.) May 4, 2005	NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE 58 Long Pond Drive Morris & O'Connor Yarmouth, MA 02664		
15 Part I	29 PART I - Enter the diseases, injuries, or complications that caused the death. Do not use only the words of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line (a through d) PRINT OR TYPE LEGIBLY.	Approximate Interval Between Onset and Death 2 years		
16 Manner	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Head and Neck Cancer			
17 Work	SEQUENTIALLY list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSES (disease or injury that initiated events resulting in death). LAST b. c. d.	DUE TO (FOR AS A CONSEQUENCE OF)		
18 Work		DUE TO (FOR AS A CONSEQUENCE OF)		
19 Work		DUE TO (FOR AS A CONSEQUENCE OF)		
20 Work	PART II - Other significant conditions contributing to death but not resulting in underlying cause given in Part I			
21 Work	30 MED. EXAM. NOTIFIED? (Yes or No) No	31 MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> HOMICIDE <input type="checkbox"/> COULD NOT BE DETERMINED	32 DATE OF INJURY (Mo., Day, Yr.) 33	33 TIME OF INJURY (Mo., Day, Yr.) 34
22 Work	35 DESCRIBE HOW INJURY OCCURRED	PLACE OF INJURY (At home, store, street, factory, office bldg., etc.) 36	LOCATION (No. & St., City/Town, State) 37	38 INJURY AT WORK (Yes or No) 39
23 Work	36a To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) stated. (Signature) J. Paul Marcoux M.D.	37a On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated. (Signature) J. Paul Marcoux M.D.		
24 Work	36b DATE SIGNED (Mo., Day, Yr.) May 4, 2005	37b HOUR OF DEATH 2:20 P	37c DATE SIGNED (Mo., Day, Yr.) 37d	37e HOUR OF DEATH 37f
25 Work	36c NAME OF ATTENDING PHYSICIAN IF NOT CERTIFIER J. Paul Marcoux M.D.	37g PRONOUNCED DEAD (Mo., Day, Yr.) 37h	37g PRONOUNCED DEAD (Mo., Day, Yr.) 37i	37g LICENSE NO. OF CERTIFIER 73616
26 Work	36d NAME AND ADDRESS OF CERTIFYING PHYSICIAN OR MEDICAL EXAMINER (Type or Print) J. Paul Marcoux M.D. 133 Brookline Ave Boston MA 02215	37j	37k	37l
27 Work	38 WAS THERE A PRONOUNCEMENT FORM? IF YES, DATE PRONOUNCED (Mo. or No) YES April 30, 2005	39 IF YES, TIME PRONOUNCED 2:20 P	40a NAME OF PRONOUNCER Roxane M. Macara	40b P.R.N. <input checked="" type="checkbox"/> P.A. <input type="checkbox"/>
28 Work	41 DATE BURIAL PERMIT ISSUED May 4, 2005	42 RECEIVED IN THE CITY/TOWN OF BREWSTER	43 CLERK'S SIGNATURE Colette Williams	44 DATE OF RECORD MAY 4, 2005

I, the undersigned, hereby certify that I am the Town Clerk of the Town of Brewster; that as such, I have custody of the records of births, marriages, and deaths, required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

Witness: My hand and SEAL OF THE TOWN OF BREWSTER,
at Brewster, MA.

A TRUE COPY ATTEST:
Colette Williams
Town Clerk
AST

Aug 09 2005 10:06AM Hartman & Hartman, P.C. (219) 464-1166 p.7
Jun 20 2005 3:04PM Hartman & Hartman, P.C. (219) 464-1166 p.2

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Examiner Ninh H. Nguyen

Filed December 4, 2003

MULTIPLE ALLOY ROTOR

STATEMENT

I believe that the omission of my name, Robert V. Falsetti, as an inventor of U.S. patent application S/N 10/707,308, occurred without deceptive intent on my part.

Sincerely,

Robert V. Falsetti
Robert V. Falsetti

Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
TEL.: (219) 462-4999
FAX: (219) 464-1166

Aug 09 2005 10:06AM Hartman & Hartman, P.C. (219) 464-1166 p.8
Jun 20 2005 3:04PM Hartman & Hartman, P.C. (219) 464-1166 p.3

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MULTIPLE ALLOY ROTOR

STATEMENT

I believe that the omission of my name, Francis Alexander Reed, as an inventor of U.S. patent application S/N 10/707,308, occurred without deceptive intent on my part.

Sincerely,

Francis Alexander Reed
Francis Alexander Reed

Hartman & Hartman, P.C.
Valparaiso, Indiana 46383
TEL.: (219) 462-4999
FAX: (219) 464-1166